



June 25, 2019

Web Announcement 1917

Modernization: Instructions for Provider Type 65 (Hospice, Long Term Care) Regarding Type of Bill

The Division of Health Care Financing and Policy (DHCFP) implemented a new, modernized Medicaid Management Information System (MMIS) on February 1, 2019.

- For provider type (PT) 65 (Hospice, Long Term Care) providers who submit their claims through a clearinghouse, MMIS uses the Type of Bill submitted on the claim to determine the institutional claim type (inpatient, inpatient crossover, outpatient, outpatient crossover or long term care.) Claims should be submitted with one of the Type of Bill codes on the table below (18x, 21x, 65x or 66x) in order for claims to be processed as a long term care claim.
- For PT 65 providers who submit their claims through the Provider Web Portal, selecting a specific institutional claim type determines what type of bill values are available in the Claims Facility Code field drop-down list. PT 65 providers should first select the Long Term Care claim type and then choose the most appropriate Type of Bill from the available list that corresponds to your facility.

Type of Bill	Type of Bill Description
18x	Hospital - Swing Beds
21x	Skilled Nursing - Inpatient (Including Medicare Part A)
65x	Intermediate Care - Level I
66x	Intermediate Care - Level II